

GROUP HOME RATE ACTIONS

(for Group Homes with approved Extensions, per ACL 16-65)

REQUIRED FORMS:

A COVER LETTER SHOULD BE INCLUDED WITH EACH RATE APPLICATION PACKET

Biennial (Ongoing) Rate Application (MPP 11-402.3)

(Providers with program numbers that end in an odd number (0000.00.01), file in an odd year on October 1st. Even numbered providers (0002.00.01) file on even years.)

- SR Forms: 1, 2 & 5 for two prior fiscal years using actual data
- CCL License
- Group Home Administrator Certificate
- Tax exempt status from either IRS or Franchise Tax
- Endorsed copy of Articles of Incorporation
- A Non-Profit declaration signed by the Board of Directors
- Copy of the current lease(s) or rental agreement(s)
- FCR 16 (Group Home Shelter Costs...Declaration and Survey)
- RCL 13/14 – Mental Health Certification (only if a RCL 13 or 14)
- List of names, titles, addresses & phone # of current Board of Directors
- Training Plan (Submit only if claiming the additional .10 weighting for child care and supervision. If not, submit a brief statement that you will not be providing training for the current fiscal year.)

New Provider (MPP 11-402.42)

- Per AB403, New Provider group home rate applications will not be accepted.

New Program (MPP 11-402.41)

- Per AB403, New Program group home rate applications will not be accepted.

RCL Increase (MPP 11-402.432 & 433)

- Per AB403, RCL increase group home rate applications will not be accepted.

License/Program Capacity Decrease (MPP 11-402.431(a)(2)&(b))

- SR 1 & SR 2 (using 12 months of projected data)

Revision to By Laws or Articles of Incorporation

- Revised Articles of Incorporation (Secretary of State)

License/Program Capacity Increase (MPP 11-402.431)

(permitted on a case by case basis only)

- SR 1 & SR 2 (using 12 mos. of projected data)
- CCL License
- Facility Lease(s)/rental agreement(s)
- FCR 16 (Group Home Shelter Costs...Declaration and Survey)
- County Letter of Recommendation

Facility Relocation (MPP 11-402.431(a)(2)&(b))

- SR 1
- FCR 16 (Group Home Shelter Costs...Declaration and Survey)
- CCL License
- Facility Lease(s)/rental agreement(s)
- County Letter of Recommendation

Program Closure (MPP 11-402.432(d))

- SR Forms: 1, 2, 3 & 5 using actual data from the latest reporting period
- Cover letter detailing effective date of closure

Corporation Change – Board Members

- Articles of Incorporation (Secretary of State)
- List of Board members and Board Minutes

Corporation Change – Merger/Separation

- SR1 and SR2
- County Support letter
- Articles of Incorporation (Secretary of State)
- List of Board members and Board Minutes

For more information contact your Rates Consultant at (916) 651-2752

California Department of Social Services
Children & Family Services Division

Foster Care Rates Bureau webpage

<http://www.cdss.ca.gov/inforesources/Foster-Care/Foster-Care-Audits-and-Rates/Foster-Care-Rate-Setting>

(Revised 1/1/17)